	CLAIMS AS FILED - PART I					10/840215 -				
. 3	(Columbest Available Capy					SMA	SMALL ENTITY		OTHER THAI	
	FOR		HUMBER FILEO				7		SMALL ENTITY	
	8ASK FEE (3) CFR 1.16(#1)		<del>~~~~</del>		NUMBER EXTRA	RATE	FEE		RATE	
- 1	TOTAL CHAINS		<del></del>				5	7 00	TONIE	FIL
ŀ	INDEPENDENT &	1400	min	us 20 e		1,25		OR		1
-	(37 CFR 1.16(6))	LXIMS	min	us 3 c		1 × 100	<del>-</del>	,OR	× 150.	1
1	MULTIPLE DEPEN	YOENT CLAIM PRE	(37 CFR 1.1)	100		OR OR	x , 200			
-	· 11 lhe difference	in column 1 is les			+ 5:10C	<u></u>	. ↓ ọa	+360		
$\cdot 1$		CLAIMS AS A			· COTAL	L	_ OR	TOTAL		
- [			-U-PART	u						
-	1=1	(Column 1)		. (Colum	in 2) (Column J	1 56461	ENTITY	OR	OTHER	) Tilal.
1.	4/8/21/VI	REMAINING		HIGHEST		7	- ENTITY	J	SMALL	ENTITY
	Total (3) OFR 1.16(c)  Independent (1) OFR 1.16(d)	AFTER AMENOMEN	j.	PREVIOU	SLY EXTRA	RATE	ADDI-	1 .1.	RATE	
	Total CO COT C. IGC	26	Minu	PAID FO	OR	-	FEE		1	ADO-
	2 Independent			1 26	1.0	x.25.		OR ,	50.	FE(
	(3) OFR 1.16(6))	5	.Minus	5	1:0	x s 100.				
	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))					100	<del></del>		.200	
						101AL		OR 4	:31a)	
1						ADD'L FEE		OR 4	OTAL DO'L FEE	
-	T	(Column 1)		(Column				~	JOE HEE	
α (-		CLAINS REMAINING	1 .	HIGHEST		RATE		r		<del>-,</del>
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18	tricut recal		Minus	"	=	× 25.	FEE	<i>i</i>		TIONAL. FEE
AMENDMENT	trdependent (11 CHR 1.160))		Maus					OR KS	50.	
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					× 100.		OR XS	200.	
_		4518Oa		OR +	360					
						TOTAL ADD'L FEE		TOT	AL	<u>-</u>
<u>.</u>		(Cokenn 1)		(Column 2)	(Calumn 3)		J	OR ADD	PL FEE	
ပ	. 1	CLAIMS ' REMAINING		HIGHEST	1.			· .		
E		AFTER	l	NUMBER PREVIOUSLY	PRESENT	RATE	ADDI-	R	ATE	ADDI
¥	Total	AMENOMENT	Minus	PAID FOR			TIONAL FEE	- 1	l r	IONAL FRE
웆	endependent promitient					x . 25		OR KS	30.	327
AMENDMENT			Minus		=	x s 100		7	Ç	
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(4))					+5180.			60.	
					· · · · · · · · · · · · · · · · · · ·	TOTAL	``	Ce + J RC ATOTA		·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										1
•••	If the Highest No	umbar Previously'i Imber Previously I	Paid For (	N THIS SPACE	ts less than 20, en to less than 3, ente	(er *20°,				
	THE THIGHEST NUM	Wer Previously P	IN FOR		- cra and a cut	· J .				4

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is returned to take 12 minutes to complete including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office. U.S. Department of Commerce, R.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and soled option 2